2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 NOV -5 PM 5:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000114953

1. Entity Name
FUTURES CONSULTING, LLC

09292009 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
2505 HARN BOULEVARD #4 CLEARWATER, FL 33764	2505 HARN BOULEVARD #4 CLEARWATER, FL 33764

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1211 N. Westshore Blvd	1211 N. Westshore Blvd
Suite, Apt. #, etc.: Suite 501	Suite, Apt. #, etc.: Suite 501
City & State: Tampa FL	City & State: Tampa FL
Zip: 33607 Country: US	Zip: 33607 Country: US

4. FEI Number: 26-4776452 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GISONNI, ART
2505 HARN BOULEVARD
#4
CLEARWATER, FL 33764

7. Name and Address of New Registered Agent

Name: John Morgan Brunson, Esq.
Street Address (P.O. Box Number is Not Acceptable): 4250 Central Ave.
City: St. Petersburg FL Zip Code: 33711

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: John Morgan Brunson 10/6/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $238.75
After January 1, 2010, Fee will be $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	GISONNI, ART		NAME		
STREET ADDRESS	2505 HARN BOULEVARD #4		STREET ADDRESS	1211 N. Westshore Blvd. - Suite 501	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	Tampa FL 33607	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	200161663892 10/13/09--01067--008 **213.75	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	200161663892 11/09/09--01002--004 **25.25	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME	REINSTATEMENT 09	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Art Gisonni Manager 10/ 109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #